

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician    | Property       | Units |
|-----------------|---------------|----------------|-------|
| 11-19-2024      | Joseph Cooper | Mt. Airy Place | 202B  |

| Resident Name                | Unique Ratcliff |
|------------------------------|-----------------|
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Nov-19-2024     |

| LIVING ROOM:       |                                     |
|--------------------|-------------------------------------|
| Ceilings / Lights: | Ok                                  |
| Door / Closet:     | Ok                                  |
| Other:             | Not Ok                              |
| Charges Type       | Clean                               |
| Charges            |                                     |
| Comment            | Excessive spray foam used by tenant |



| Walls / Outlets:  | Ok |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

| DINING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Walls / Outlets:   | Not Ok |

| Charges Type | Clean    |
|--------------|----------|
| Charges      |          |
| Comment      | Cleaning |



| Window:           | Ok |
|-------------------|----|
| Window coverings: | Ok |

| KITCHEN:    |    |
|-------------|----|
| Backsplash: | Ok |

| Cabinets:     |    |
|---------------|----|
| Cabinet Door: | Ok |

| Cabinets:       |    |
|-----------------|----|
| Cabinet Handle: | Ok |

| Cabinets:      |  |
|----------------|--|
| Cabinet Shelf: | Not Ok   |
| Charges Type   | Replace  |
| Charges        |  |
| Comment        | Missing shelf Excessive spray foam by resident |



| Ceiling Fan: | Ok |  |
|--------------|----|--|
|              |    |  |

| Ceiling Light Fixture: | Ok |
|------------------------|----|
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Rack: | Ok |

| Dishwasher Silverware Holder: | Ok                             |
|-------------------------------|--------------------------------|
| Drip Pan:                     | Ok                             |
| Electric Meter:               | Ok                             |
| Faucet:                       | Ok                             |
| Faucet Knobs:                 | Ok                             |
| Floors:                       | Not Ok                         |
| Charges Type                  | Clean                          |
| Charges                       |                                |
| Comment                       | Excessive spray foam by tenant |



Dishwasher:

| Formica/Tiles:    | Ok |
|-------------------|----|
| Garbage Disposal: | Ok |
| Kitchen Sink:     | Ok |
| Microwave:        | Ok |
| Other:            | Ok |

| Oven / Range:  |                |
|----------------|----------------|
| Oven Cleaning: | Not Ok         |
| Charges Type   | Clean          |
| Charges        |                |
| Comment        | Needs cleaning |
|                |                |



| Oven / Range:     |    |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range:  |    |
|----------------|----|
| Oven drip pan: | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven knobs:   | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven Racks:   | Ok |

| Oven / Range:  |    |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: |    |
|---------------|----|
| Range Hood:   | Ok |

| Oven Door Handle: | Ok |
|-------------------|----|
| Oven Racks:       | Ok |
| Range Top:        | Ok |

| Refrigerator (Freezer): |    |
|-------------------------|----|
| Cleaning Refrigerator:  | Ok |

| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer):   |    |    |
|---|----|----|
| Refrigerator Crisper Glass/Plastic:   |    | Ok |
| Rubber Stopper:   | Ok |    |
| Stove Knob:   | Ok |    |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |    |
| Wall Outlets:   | Ok |    |
| Washer/Dryer:   | Ok |    |
| Window Coverings:   | Ok |    |

| BEDROOMS:          |                  |
|--------------------|------------------|
| Ceilings / Lights: | Ok               |
| Door / Closet:     | Not Ok           |
| Charges Type       | Replace          |
| Charges            |                  |
| Comment            | Door knob broken |



| Floors / Carpet: | Ok      |
|------------------|---------|
| Other:           | Ok      |
| Walls / Outlets: | Ok      |
| Window:          | Not Ok  |
| Charges Type     | Replace |
| Charges          |         |



Window coverings:

Ok

| BATHROOM:  |    |
|--|----|
| Cabinets / Mirror:   | Ok |
| Ceiling Lights:  | Ok |
| Cleaning Bathroom:   | Ok |
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | Ok |
| Mirror Cabinet:  | Ok |
| Other:   | Ok |
| Remove Mildew on Tiles:                                    | Ok |
| Shower Curtain Bar:  | Ok |
| Shower Head:   | Ok |
| Sink:  | Ok |
| Soad Dish (Tub):   | Ok |
| Soap Dish (Sink):  | Ok |
| Toilet Paper Holder:                                       | Ok |
| Toilet Tank:   | Ok |
| Towel Bar:   | Ok |
| Tub Knob(s):   | Ok |
| Tub Reglazing:   | Ok |
| Vanity Cabinet:  | Ok |

| Wall Outlets: | Ok |
|---------------|----|
| Window:       | Ok |

| LOCKS:  |    |
|---|----|
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |

| KEYS:                            |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

| DOORS:                               |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

| PAINTING:                     |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| CARPET:                   |                  |
|---------------------------|------------------|
| Burns:                    | Ok               |
| Deodorize:                | Ok               |
| Pet Treatment (Odor):     | Ok               |
| Replace Carpet 1 Bedroom: | Not Ok           |
| Charges Type              | Replace          |
| Charges                   |                  |
| Comment                   | Stains in carpet |





| Replace Carpet 2 Bedroom: | Ok |
|---------------------------|----|
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| MISCELLANEOUS:   |            |
|--|------------|
| Broken Window Glass (Per Pane):  | Ok         |
| Cabinet Equipment:   | Ok         |
| Carbon Monoxide Detector:  | Ok         |
| Cleaning of Apartment:   | Ok         |
| Clear Storage Locker:  | Ok         |
| Closet Shelves:  | Ok         |
| Common Area damaged during moveout:  | Ok         |
| Door Intercom System:  | Ok         |
| Exhaust Fan:   | Ok         |
| Fan Blades:  | Ok         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation   | 2024-11-19 |
| Light Globes:  | Ok         |
| Mini Blind(s) each:  | Ok         |

| Outside Lights:        | Ok        |
|------------------------|-----------|
| Phone Jack:            | Ok        |
| Rallings:              | Ok        |
| Removal Of Bulk Items: | Not Ok    |
| Charges Type           | Clean     |
| Charges                |           |
| Comment                | Trash out |



| Remove Debris (Per Bag):                 | Ok |
|--|----|
| Sliding Mirror/Glass Door (2):           | Ok |
| Smoke Detector Alarm:                    | Ok |
| Stoppage by foreign object in any drain: | Ok |
| Switch Plate Covers:                     | Ok |
| Thermostat Cover:                        | Ok |
| Vertical Blinds:                         | Ok |
| Vinly Tile Bathroom:                     | Ok |
| Vinly Tile Kitchen:                      | Ok |
| Was personal property left behind?:      | No |
| Charges Type                             |    |
| Charges                                  | 0  |
| Was the resident locked out?:            | No |
| Charges Type                             |    |
| Charges                                  | 0  |
| Window Screen(s) each:                   | Ok |
| Window Sills:                            | Ok |

| OVERALL:                                |    |
|---|----|
| Signs of Moisture inside the apartment: | Ok |

| Signs of Moisture outside the apartment: | Signs of Moisture outside the apartment: | Ok |  |
|--|--|----|--|
|--|--|----|--|

| Lindy Community Representative Name   | Joseph Cooper |  |
|---------------------------------------|---------------|--|
| , , , , , , , , , , , , , , , , , , , | ) I           |  |



| Technician                           | Joseph Cooper |
|--------------------------------------|---------------|
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |